



# FAQ

## Indiana State Department of Health Genomics and Newborn Screening Program FOR COMMUNITY BIRTH PARTNERS

### Q. Who is a community birth partner?

A. Midwives, doulas and other birth attendants providing support before, during and after delivery outside of the hospital setting.

### Q. OK, I fall into that category, but I am not certified. Do I still need to report monthly?

A. Yes! Despite credential status, reporting timely supports Indiana's mission of preventing infant mortality and improving outcomes for Hoosiers. Visit our reporting page for more information on reporting.

### Q. Why are the reports due monthly?

A. Early detection and intervention is critical for all newborn screening conditions. Submitting monthly reports by inputting real time birth occurrences and exceptions to screens supports active and timely follow-up.

### Q. What does the GNBS program do with my monthly birth details?

A. This data, along with birth certificate information, helps us identify and follow-up with families. Our mission is to promote, protect and improve the health of Hoosier babies with genetic conditions and birth defects.

### Q. What if I don't administer the hearing screen, pulse oximetry screen or the heel stick?

A. It is the responsibility of the physician or midwife in attendance at the birth to ensure the family is referred and confirm arrangements for newborn screening per Indiana Article 3-3-1. In the absence of an attending physician or midwife, the registrar of births shall refer the newborn or infant immediately to the parent's physician or to the local health department for newborn screening.

### Q. As a birth attendant, am I responsible for educating families on the importance of timely newborn screening and assisting with confirming all 3 screens get completed between 24 and 48 hours after birth?

A. Yes! Your collaboration with the family to obtain these screens supports them during babies first days for early detection, intervention and of life threatening diseases and negative health outcomes.

### Q. Who can I ask questions about newborn screening?

A. Feel free to reach out to the Genomics and Newborn Screening program at any time: 888.815.0006 or visit our website at [www.NBS.in.gov](http://www.NBS.in.gov).

You can request patient results by faxing the NBS Lab, 317-321-2495 with the patient's name, date of birth, mother's name and the hospital where the patient was born.



### Q: Who can I reach out to if I receive an out-of-range result?

A: A “positive” or “out-of-range” result indicates that the screen showed signs that the baby may be at a higher risk of having one of the conditions tested. Follow-up testing must be performed immediately to confirm due to the serious nature of the conditions. In this case, you can review the next steps on the patient report faxed to you from the NBS Lab. It is important to follow these directions because the sooner a diagnosis is made, the sooner the baby can be treated. Please call 888-815-0006 or the number listed on the patient report if you have questions or concerns.

### Q: Whom should I contact if I don't receive any newborn screening result for my patient?

A: You can request access to INSTEP by emailing [ISDHNBS@isdh.IN.gov](mailto:ISDHNBS@isdh.IN.gov).

### Q: Can the GNBS program assist me in training my staff on NBS best practices and reporting?

A: Yes! The GNBS education specialist is available to meet with stakeholders to ensure best outcomes for Hoosier newborns and children. Please contact our program to request an on-site visit at 888-815-0006 or [ISDHNBS@isdh.IN.gov](mailto:ISDHNBS@isdh.IN.gov).

### Q: Can the religious waiver be used for refused rescreens?

A: Yes, the state waiver should be fully indicated and signed; therefore, the parents do still need to return to the birthing facility to complete this.

### Q. Is NAS screened for through NBS?

A. No, NAS is not screened for through NBS but it is a targeted condition of the IBDPR. The NBS conditions list and the IBDPR reportable conditions can be found online at <http://www.BirthDefects.IN.gov>.

### Q. Is there a new/separate consent that needs to be signed for repeat NBS?

A. This is referring to the family's consent to storage of the sample, not the collection. The NBS lab considers each sample separately when it comes to consent for storage, so it needs to be completed with every draw.

### Q. What shall a facility do when an infant born at home is brought to the hospital by parents for NBS?

A. By mandate, we encourage homebirths, planned and unintentional, to obtain screening at the nearest birthing facility, local health department or within their chosen pediatrician's office.

### Q. If a family is requesting additional NBS resources, where can I direct them?

A. We want families to be informed about their child(s) NBS therefore we have made many resources available to families and providers alike on our webpage at [www.NBS.IN.gov](http://www.NBS.IN.gov).

### Q. How long has the IBDPR existed?

A. IBDPR has existed since 1986. For more information about the Indiana Birth Defects and Problems Registry (IBDPR) visit [www.BirthDefects.in.gov](http://www.BirthDefects.in.gov).

